IAP12 Rec'd PCT/PTO 15 MAY 2007



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Peter S. Dardi, Ph.D. Curtis B. Herbert, Ph.D.

FACSIMILE COVER SHEET

U.S. Bank Plaza Suite 2000 220 South Sixth Street Minneapolis, MN 65402 612.746.3005 phone 612,746.3006 fax

One Security Cantre

3490 Piedmont Road Atlanta, GA 30305

404,949,5730 phone G12.746.3006 fax

Suite 400

OUR REF.: 5008.01US01

TOTAL NUMBER OF PAGES BEING SENT: 14

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DATE:

May 15, 2007

TO:

Examiner Lakia J. Tongue

Group Art Unit 1645

PHONE #:

FAX #:

571-272-2921 571-273-8300

Application No.:

10/519,352

Applicant: Due Date:

Braun et al. May 18, 2007

FROM:

Curtis B. Herbert, Ph.D., Esq.

Attached is the following for filing in the above-identified application.

PHONE #:

612-605-1038

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MAY 15 2007

Restriction Requirement Transmittal; and (1) (2)

Response to Restriction Requirement

Curtis B. Herbert, Ph.D., Esq.

Registration No. 45,443

CERTIFICATE OF FACSIMILE TRANSMISSION

Respectfully

Trademark Office, Fax No. 571-273-8300 I hereby certify that this paper is being transmitted by facsimile to the U.S. Papent and on the date shown below.

May 15, 2007

Date

Cultis B. Herbert, Ph.D., Esq.

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Attorney Docket No. 5008.01US01

Dardi & Associates, PLLC MAY 15 2007 US Bank Plaza, Suite 2000 220 South 6th Street Minneapolis, MN 55402

RESTRICTION REQUIREMENT TRANSMITTAL

In re the application of:

Telephone: (612) 746-3005

Facsimile: (612) 746-3006

Braun et al

Confirmation No.: 3048

Application No.:

10/519,352

Examiner: Tongue, L.

Filed:

August 19, 2005

Group Art Unit: 1645

For:

MEDICAMENT FOR THE TREATMENT OF DISEASE DUE TO INFECTION BY

NEISSERIA MENINGITIDIS

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

Enclosed are:

Response to Restriction Requirement (11 pages). [X]

Petition for Extension of Period for Response. []

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	22	-[19]**	= 3	x 25	\$75.00		x 50	\$
Indep.	2	- [2]***	m O	x 100	\$0.00		x 200	\$
Mult, Dep.			M	+ 180	\$		+360	\$
	l	1		TOTAL	\$75.00	OR	TOTAL	\$

^[] First Presentation of Multiple Dependent Claim [MDC]

If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

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MAY 15 2007

Application No. 10/519,352

- [X] Applicant(s) is/arc entitled to small entity status in accordance with 37 CFR 1.27.
- [X] The Commissioner is hereby authorized to charge Deposit Account 50-3863 in the amount of \$75.00. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 50-3863.

Respectfully submitted

Curtis B. Herbert, Ph.D., Esq. Registration No. 45,443

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 50-3863.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the V.S. Patent and Trademark Office Fax No 571-273-83 on the date shown below.

May 15, 2007

Date

Curtis B. Herbert, Ph.D., Esq.

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MAY 15 2007

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Attorney Docket No.: 5008.01US01

Braun et al.

Confirmation No.: 3048

Application No.:

10/519,352

Examiner: Tongue, L.

Filed:

August 19, 2005

Group Art Unit: 1645

For:

MEDICAMENT FOR THE TREATMENT OF DISEASE DUE TO INFECTION BY

NEISSERIA MENINGITIDIS

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby respond to the Restriction Requirement dated April 18, 2007.

The present amendment has the following sections:

- A. Amendments to the Claims
- B. Remarks

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 50-3863.

CERTIFICATE OF FACSIMILE/TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and T. Fldemark Office, Fax No. 571-273-8300 on the date shown below.

May 15, 2007

Date

Curtis B. Herbert, Ph.D., Esq.